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ABSTRACT

A rationale is offered for incorporating relaxation training in elementary school classroom activities. Cited are research studies which focus on the reaction of children to stressful life changes and resulting behavioral and physical disorders. A list is given of significant life events which may be factors in causing diseases or misbehavior in children. Described is a unit which adapted such techniques as yoga, deep muscle relaxation, and guided visual imagery to help primary age children cope with stress. Included in the unit, designed to be both experiential and cognitive, are pictures and cartoons depicting people in stressful situations, charts illustrating the reaction of the human body to stress, dramatic play stories designed to teach specific relaxation skills, and descriptions of relaxation periods in the classroom. A discussion is presented on implementing and evaluating a unit of this type. A bibliography and a list of resources for relaxation techniques are included. (JD)

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"Stressing" Relaxation in the Classroom

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THE RATIONALE

In recent years we have been made more and more aware of the role stress plays in our life and its causative relationship to disease. Studies in the urban centers of New York City and Chicago have estimated that almost one third of the residents in those cities are experiencing enough stress to impair their ability to function normally. Sociologists studying the urban population have attributed at least some rise in psychosomatic disease, chronic illness and neurotic disorders over the last three decades to difficulties in coping with the demands of rapid social change. To ignore this relationship of stress and disease in our society is to ignore reality; and to believe children are immune to this process is even more unreal. No one living in industrial, urbanized communities can avoid stress. All children, in the course of growing up encounter personal stresses, such as accidents, illnesses, new siblings, relocation, parental separation and/or divorce, death of a loved one, etc. Children also react to life changes that affect society in general; inflation, world conflicts and the energy crunch. Most children at sometime react to these stresses with either behavioral disorders such as temper-tantrums, acting out in school, and bed-wetting, or psychosomatic reactions from minor disorders such as headaches, or digestive problems to more major disorders such as asthma and juvenile rheumatoid arthritis (JRA).[1,2]

Using questionnaires developed by Coddington[3] life events relevant to children from pre-school to high school age have been evaluated to determine just how much stress (rapid social change) children are

exposed to. The findings in such research indicate that the higher the scores are for social change, the higher the incidence of disease.

(Insert Charts)

LIFE CHANGE UNIT VALUES

Rank	Preschool age group Life event	Life change units
1	Death of a parent	89
2	Divorce of parents	78
3	Marital separation of parents	74
4	Jail sentence of parent of 1 yr or more	67
5	Marriage of parent to stepparent	62
6	Serious illness requiring hospitalization of child	59
7	Death of a brother or sister	59
8	Acquiring a visible deformity	52
9	Serious illness requiring hospitalization of parent	51
10	Birth of a brother or sister	50
11	Mother beginning to work	47
12	Increase in number of arguments between parents	44
13	Beginning nursery school	42
14	Addition of third adult to family (i.e. grandparent, etc.)	39
15	Brother or sister leaving home	39
16	Having a visible congenital deformity	39
17	Increase in number of arguments with parents	39
18	Change in child's acceptance by peers	38
19	Death of a close friend	38
20	Serious illness requiring hospitalization of brother or sister	37
21	Change in father's occupation requiring increased absence from home	36
22	Jail sentence of parent for 30 days or less	34
23	Discovery of being an adopted child	33
24	Change to a new nursery school	33
25	Death of a grandparent	30
26	Outstanding personal achievement	23
27	Loss of job by a parent	23
28	Decrease in number of arguments with parents	22
29	Decrease in number of arguments between parents	21
30	Change in parents' financial status	21

Coddington, D.R. The significance of life events and etiologic factors in the diseases of children. Journal of Psychosomatic Research, vol. 16, 1972.

Elementary school age group

Rank	Life event	Life change units
1	Death of a parent	91
2	Divorce of parents	84
3	Marital separation of parents	78
4	Acquiring a visible deformity	69
5	Death of a brother or sister	68
6	Jail sentence of parent for 1 yr or more	67
7	Marriage of parent to stepparent	65
8	Serious illness requiring hospitalization of child	62
9	Becoming involved with drugs or alcohol	61
10	Having a visible congenital deformity	60
11	Failure of a grade in school	57
12	Serious illness requiring hospitalization of parent	55
13	Death of a close friend	53
14	Discovery of being an adopted child	52
15	Increase in number of arguments between parents	51
16	Change in child's acceptance by peers	51
17	Birth of a brother or sister	50
18	Increase in number of arguments with parents	47
19	Move to a new school district	46
20	Beginning school	46
21	Suspension from school	46
22	Change in father's occupation requiring increased absence from home	45
23	Mother beginning to work	44
24	Jail sentence of parent for 30 days or less	44
25	Serious illness requiring hospitalization of brother or sister	41
26	Addition of third adult to family (i.e. grandmother, etc.)	41
27	Outstanding personal achievement	39
28	Loss of job by a parent	38
29	Death of a grandparent	38
30	Brother or sister leaving home	36
31	Pregnancy in unwed teenage sister	36
32	Change in parents' financial status	29
33	Beginning another school year	27
34	Decrease in number of arguments with parents	27
35	Decrease in number of arguments between parents	25
36	Becoming a full fledged member of a church	25

Coddington, D.R. The significance of life events and etiologic factors in the diseases of children. Journal of Psychosomatic Research, vol. 16, 1972.

Rahe and Arthur[4] in a comprehensive review on disease and life changes, cite several cases of extremely young children exhibiting physical effects of stress caused by clusters of life changes in their family. In a disease such as JRA, Heisel was able to show that children susceptable to JRA tended to have recently experienced a cluster of changes in their world, higher in amount and intensity than the average child.[1]

People, whether adult or child react to stress in a similar manner. Walter Cannon was the first to identify the physiological phenomenon of stress, later researched and refined by Hans Selye. Under stress the muscles are tensed, the heart rate accelerated, blood pressure elevated, respiration increased and generally the body is being prepared for what Cannon referred to as the "fight or flight" syndrome (the primitive survival skills necessary for man to exist under stressful circumstances). Unfortunately man no longer has the lassitude to stay and fight or even run away from stress. Modern stressors tend to be more psychological in nature, much of which is precipitated by anticipation. Research stemming from Selye's observations support the concept that one cannot undergo the physiological arousal of stress and its component element of disease and be in a relaxed state. Actually it was Edmund Jacobson the father of progressive muscle relaxation who suggested that stress, anxiety and its natural by-product, muscle tensing, could not exist when an individual was in a relaxed condition. In essence he determined that anxiety and relaxation were opposite physiological reactions and could not coexist.[5]

When the relationship between stress and disease is understood, it becomes obvious that intervention in the stress arousal mechanism is necessary. Intervention can take several forms, while the concept of relaxation is inherent in each of them. Since children spend one third of their lives in school, schools can be an excellent place to teach these skills. It is essential that children have time to relax. Daily time schedules should allow for part of the day when the blinds can be pulled, soft music played and pillows spread on the floor to make the room conducive for total relaxation. The more one looks at the role of schools, it seems logical to expect that there-in lies the responsibility to develop these coping skills. Problems of the stressed child take on an added importance in the school because it is here that anxiety shows a most disabling effect. The "distressed" child will not achieve as much as is warranted by his abilities. In studies by Sarason, Hill and Zimbardo[6] and Cowen, et. al.[7] low academic success was constantly correlated with elevated anxiety levels and that the correlation became greater as the child got older.

INTERVENTION

There are many stress coping techniques (relaxation skills) that can produce decreased physiologic arousal, (decreased anxiety). These self-regulatory techniques include yoga, guided imagery, meditation, deep muscle relaxation, etc. Using techniques that included deep muscle relaxation in combination with guided imagery, skills can be developed to teach young children how to relax. Encouraging results have been

noted in stress intervention units. Experience with relaxation skills show that most students can master the skills required and meet the goals of tension control or stress management training. These goals are "1) General relaxation for the purpose of cultivated rest and preventive medicine and 2) Selective or differential relaxation for the purpose of efficient movement."[8] Dr. Lulu Sweigard[9] combined muscle relaxation techniques with guided imagery to enable young children to practice skills necessary for constructive relaxation. Some of her imagery included "The Empty Suit of Clothes," and "The Rag Doll." She suggested that regular exercise of these skills will enable people to accomplish work in shorter periods of time, with more ease, and therefore, less stress.

By using techniques adapted from yoga (meditaton), Jacobson (deep muscle relaxation) and Sweigard (guided visual imagery), and by recognizing and relating to the needs and interests of the primary aged child a unit was developed to help children cope with stress. The unit was designed to be both experiential and cognitive. The basic concepts include the following:

1. Everyone experiences stress. Stress is a part of life.
2. The body reacts to all stress in a special way that helps us to get ready for action.
3. You are in control of your body.
4. Certain activities reduce stress arousal.
5. There are many ways to control stress. Good health habits help us manage stress.

Materials necessary for the implimentation of such a unit are easily collected. They may include large pictures or cartoons of people in stressful situations (i.e. Peanuts characters--including Lucy's "Doctor is in.")

These pictures can elicit children's responses to the content and aid in the discussion of common stressful situations and how the children cope with them. Also a chart of the human body with a wipe off plastic surface could be used to show how the body goes through changes during stress arousal. This allows the children to develop an awareness of inner happenings during stress induced tension, as opposed to a relaxed state.

Methods for units of this type can include lecture and discussion sessions (on the concept of stress and its opposite reaction--relaxation), as well as experiences designed to teach specific relaxation skills. Dramatic play stories that can move the children through various physical and emotional states can make the abstract discussion more real. Here is a sample story with follow up questions

and evaluation. It was our intention to have the children act this story out as the teacher read aloud.

Teacher: "You wake up, and it's snowing thick and fast. You jump out of bed and dress quickly, putting on your heavy jacket, boots, mittens and scarf to keep you warm. You run outside. Already the snow is deep and comes up to your boot tops. It's a little hard to walk through. It's so quiet here that all you can hear is the squeak of your boots as you step through the snow. You walk a little way and meet your friends. Together you decide to build a snowfort. The snow is so thick and deep that it is easy to shape it into blocks to make the walls. You build the walls of your fort higher and higher. All of the sudden you feel splat! a snowball right in the face. It's cold and wet, and some of it slides down your neck. You turn around, and you see some bigger kids from up the street who've come to take over your fort. You and your friends fight them back with snowballs, making them and throwing them as fast and as hard as you can. Snowballs hit you in the chest and arms, and a few go smoosh against your face, but finally you win. The bigger kids run away.

You pick up a snowball that you made and look at it carefully. It's a good start for a snowman, so you roll it in the snow to make it bigger and bigger. It becomes so big that you can't lift it, and you leave it. You roll another shape, packing it hard, and set it on top of the first. Be careful! It's very heavy, and you might fall. You make eyes and a nose and a mouth for your snowman. He looks very cold, so you wrap your scarf around his neck. As you do that, something magical happens, and you become a snowman. You stand very still because you don't have any legs to walk with. Your arms are straight and stiff, and you can't turn your head. All you can do is look straight ahead of you. It's very cold and windy and you feel yourself getting stiffer and stiffer. Luckily, when you think that you can't get any stiffer, the sun comes out, and the wind turns into a gentle breeze. You start to feel warmer, the sun gets hot. You begin to drip. You're melting! Your feet become a puddle of water, and you start to slide downwards. Your back and arms feel loose and runny. Your knees fall into the puddle and then your bottom. Water is running down your nose. There go your shoulders! Finally, your head is lying in the water, and then it too melts. You are just a puddle on the ground. Let's stay this way for a while."

After the exercise ask the following questions--"How did the story make you feel? What did you feel during the snowball fight? What did you want to do? Did your body feel ready to fight hard or to run? Did your arms and legs want to move? How did you feel at the end? Could you have run very easily when you were a puddle? What did you want to do then?"

Evaluation: Listen to the children's responses and see if they could distinguish between their physical sensations of relaxation and tension. Ask them if they could feel the difference in their bodies between getting tensed for action and then completely relaxed--as the melted snowman?

In teaching children to relax they must first become aware of their tension and where it resides in their bodies. The most frequent locations reported by children are the eyes, chest, neck, shoulders, and legs.[10] To achieve deep muscle relaxation and body awareness in children several helpful teaching aids have been developed. These aids are in the format of audio cassettes. Children can listen and learn the specific techniques in either large groups or working independently with a leader or partner. A list of such programs will be included later in this article. Of course the teacher can create his/her own teaching aids. Another example of one such aid is the following exercise. Follow this exercise and discover which technique is being taught.

Teacher: "Today we are going to play a special game. It's a game during which we all have to be very quiet, or it won't work. In this game, your ears are the most important help you have, so open them wide and listen. I'm going to make some sounds, and when we are finished listening, you tell me what you heard. Does everybody understand? Ready? Close your eyes and open your ears and listen." The teacher moves around the room, writing on the board, clapping hands, snapping fingers, closing a drawer, clapping erasers, etc. "Open your eyes. What did you hear?" Children describe the sounds. "Very good. Now we'll play the game again, only this time I will be quiet and you discover what sounds you can hear even when we aren't making any noise. Ready? Close your eyes, open your ears, and listen." After a minute or two, the teacher asks the children to open their eyes and tell what they heard. "Very, very good. Now we are going to do something even harder, and for this we must be very, very, quiet. This time we'll close our eyes and listen to just one sound, maybe even a sound that is inside of us. You may be surprised at the sounds your body makes because you think it is silent. But it has things it says, too. Let's listen and find out. Close your eyes, and open your ears, and listen." After one minute, ask the children if they could concentrate on one sound. "Did you ever think that you could listen so long to such quiet sounds? Are you surprised? Were you able to control your

thoughts so that you could concentrate on listening? Were you able to control your ears so you could listen to a very quiet sound? Were you able to tell your ears to listen to just one sound? Did you boss your ears or did you do what they wanted? How many of you could tell your ears to listen to a very quiet sound or to just one sound? So many of you were in charge!"

Evaluation: Observe the children during the listening game to see if they can concentrate. Listen to their answers to your final questions.

The objective of this "game" was for the children to practice listening skills leading to a form of concentrative meditation. Repetiton of any technique, or combinations of techniques can be used in a unit of this type.

IMPLEMENTATION AND EVALUATION

Implementation and evaluation of this type of unit is extremely feasible. The school system, as it exists, reaches most of the population of American children. Work by Barabasz[11] indicated that classroom teachers with minimal training (several sessions) have functioned effectively as "paraprofessional therapists" in applying relaxation skills to reduce test anxiety in their students. After limited training, using carefully prepared materials, teachers were able to train their students in muscular relaxation and use of imagery. Preparation of teachers can be done within the existing framework of the in-service training program for teachers. In terms of evaluating the success of such a unit, statistical techniques as well as naturalistic observation can be employed. Allan Abrams[12] worked with elementary school children in examining the relation between meditation and a variety of measures including affective and cognitive instruments,

achievement, and teachers' and parents' ratings. He concluded that children who meditated exhibited better self-concept, greater academic achievement and more cognitive growth. Teacher ratings can answer these additional questions: Has class attendance records improved? Has disruptive behavior in the classroom changed? Has individual academic achievement improved? Do the children appear healthier and happier? Is there any feedback from the children's homes? But perhaps the best evaluation can only be done on these children 20-40 years in the future. Once skills are learned, practiced, and integrated into their lives it would be valuable to see how their resistance to stress (via intervention or relaxation during stress arousal) has affected their overall resistance to chronic debilitating disease.

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Classroom Teacher's Resources
for Relaxation Techniques

1. The Kiddie QR. Liz Stroebel, Charles Stroebel, Margaret Holland . $49.00 each unit (four tapes and teacher guide books). For more information write to: The QR Institute, 119 Forest Dr., Wethersfield, Connecticut 06109. "Kiddie QR is an educational preventative health care program for little folk ages 4-9. It is a delightful way for parents, teachers and clinicians to practically deal with children and stress."

2. QR for Young People. Margaret Holland, Charles Stroebel, Liz Stroebel. $47.50 each unit. For more information write to: The QR Institute-South, 8509 N. 29th Street, Tampa, Florida 33604. "to substitute a self enhancing reponse-the Quieting Response-for self defeating responses such as temper outbursts, drug use, violence, headaches, and stomachaches." Ages 9 and up.

3. Foundation for Conscious Living. Jan Lowenstein—Children's Relaxation Tapes. $8.00. For more information write to: The Conscious Living Foundation, P.O. Box 513, Manhattan, Ks 66502. Tapes on Body Awareness and Progressive Relaxation Techniques for children ages 4-12.

4. Meditation for Children. Deborah Rozman, Celestial Arts, Millbrae, California, 1976. Excellent techniques for involving young children, through adolescence in meditative skills.